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 ** CONTINUING DATA ***** *NONE*
EHE

 ** FOREIGN APPLICATIONS ***** *NONE*
EHE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>EHE</i>	Examiner's Signature	Initials		

ADDRESS

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TITLE

Imaging systems and methods

FILING FEE RECEIVED 968	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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